



Regular Employee Guide with PERS Enrollment Information

Open enrollment is your opportunity to adjust benefit coverage. During this open enrollment, you need to decide if you want to:

- Change medical plans? Page 2
- Drop or reduce enhanced life insurance? 6
- Add, increase, drop or reduce enhanced accidental death and dismemberment insurance? 7
- Drop enhanced long term disability insurance? 8
- Add or drop family members from coverage? 9
- Enroll/re-enroll in a Flexible Spending Account? 11
- Change from PERS Plan 2 to PERS Plan 3? 11

And since all insurance beneficiary records are being updated this year, you *must* complete the blank beneficiary designation sections on the back of your open enrollment form (see “Who are your insurance beneficiaries?” on page 10), sign both sides of the form and *return it by Friday, October 31*, to:

King County Benefits and Retirement Operations
Exchange Building EXC-ES-0300
821 Second Avenue
Seattle WA 98104

Benefits you automatically receive but cannot change during open enrollment (dental, vision, basic life insurance, basic accidental death and dismemberment insurance and basic long term disability insurance) are not listed on your open enrollment form, nor are they described in this guide; only benefits you can change are described here. If you have any questions regarding this guide or the benefits you automatically receive, please contact the resources listed in the Resource Directory (page 11).

This guide describes certain key features and provides brief summaries of King County regular employee benefit plans. However, it does not provide detailed descriptions. If you have questions about specific plan details, refer to the plan booklets available at www.metrokc.gov/finance/Benefits/Reg123/RegPlanBooklets.htm or from Benefits and Retirement Operations, or contact the plans. We've made every attempt to ensure the accuracy of the information in this guide. However, if there is any discrepancy between it and the insurance contracts or other legal documents, the legal documents will always govern.

Call 206-684-1556 for alternate formats.

Do you want to change medical plans?

Section A of your open enrollment form shows your current medical plan and your change options. You may choose from three medical plans or you may opt out of medical coverage and receive an additional \$65 in monthly pay, taxed as ordinary income. The option you select is also the option your family members receive.

To opt out of medical coverage, you must have coverage through another employer's medical plan and submit a copy of the other medical plan card with your open enrollment form. When you opt out of medical it does not affect other health coverage; you and your covered family members continue to receive county-paid dental and vision benefits. You may opt back in if you lose your other medical coverage by returning a completed Opt Back In form to Benefits and Retirement Operations within 60 days of losing coverage.

The following table summarizes the features and covered expenses of the three plan options. As you compare the KingCare Basic and Preferred plans, please note that the Basic plan is essentially the same as the Preferred plan, but with higher annual deductibles and coinsurance. This makes the Basic plan less expensive for employees who must pay monthly premiums for medical coverage (employees in Part-Time Local 587 Plan 1 or 3 and COBRA and retiree benefit plan participants). You, as a regular employee, do not pay monthly premiums for medical coverage. Therefore, there is little reason for you to consider the Basic plan (unless you foresee leaving employment soon and continuing coverage as a COBRA or retiree benefit plan participant).

Also please note that two separate companies process claims for the KingCare plans. If you choose a KingCare plan, you receive a medical card from Aetna to use for all medical claims (physician visits, hospital, lab work, etc.) and a prescription card from AdvancePCS to use for all outpatient, retail pharmacy and mail order prescription drug claims.

Feature/Covered Expense	KingCare Basic	KingCare Preferred	Group Health
Provider choice	You may choose any qualified provider, but you receive higher coverage when you use network providers Reimbursement for non-network medical services is based on usual, customary and reasonable (UCR) rates, and reimbursement for non-network prescription drug services is based on the rates AdvancePCS pays its network pharmacies; you pay amounts in excess of these rates	You may choose any qualified provider, but you receive higher coverage when you use network providers Reimbursement for non-network medical services is based on usual, customary and reasonable (UCR) rates, and reimbursement for non-network prescription drug services is based on the rates AdvancePCS pays its network pharmacies; you pay amounts in excess of these rates	You choose a Group Health PCP who provides and coordinates most services through the Group Health network; you may also self-refer to Group Health staff specialists; no non-network coverage unless indicated
Annual deductible	\$500/person, \$1,500/family Deductible amounts applied to charges incurred in the last 3 months of the calendar year are carried over and applied to the next year's deductible Deductible doesn't apply to prescription drugs, preventive care or hearing aids	\$100/person, \$300/family Deductible amounts applied to charges incurred in the last 3 months of the calendar year are carried over and applied to the next year's deductible Deductible doesn't apply to prescription drugs, preventive care or hearing aids	None
Copays	Applicable only to emergency room care and prescription drugs (see specific covered expense)	Applicable only to emergency room care and prescription drugs (see specific covered expense)	Generally \$20/visit (see specific covered expense)

Feature/Covered Expense	KingCare Basic	KingCare Preferred	Group Health
After the deductible/copays, the plans pay most covered services at these levels ...	80% network for medical claims 60% non-network for medical claims 100% of network rate after applicable copays for prescription drug claims (deductible does not apply)	90% network for medical claims 70% non-network for medical claims 100% of network rate after applicable copays for prescription drug claims (deductible does not apply)	100% network
Until you reach your annual out-of-pocket maximum...	\$1,200/person, \$2,400/family for network care \$2,000/person, \$4,000/family for non-network care Does not apply to prescriptions	\$800/person, \$1,600/family for network care \$1,600/person, \$3,200/family for non-network care Does not apply to prescriptions	\$1,000/person, \$2,000/family for network care and limited emergency/out-of-area non-network care
Then, most benefits are paid for the rest of the calendar year at ...	100% for network services and 100% of UCR for non-network services	100% for network services and 100% of UCR for non-network services	100% network
Lifetime maximum	\$2,000,000	\$2,000,000	No limit
Alternative care (including medically necessary acupuncture, hypnotherapy, massage therapy and naturopathy)	80% network 60% non-network Certain services must be prescribed by a physician; Aetna reviews medical necessity of all treatment after 20 visits	90% network 70% non-network Certain services must be prescribed by a physician; Aetna reviews medical necessity of all treatment after 20 visits	Self-referrals to a network provider are covered up to 5 visits/medical diagnosis/ calendar year for acupuncture and up to 2 visits/medical diagnosis/calendar year for naturopathy; all other alternative care may require PCP referral All services are subject to the \$20 copay/visit
Ambulance services	80%	90%	80%
Chemical dependency treatment	80% network 60% non-network \$11,841 maximum in 24 consecutive months for combined network and non-network services (requires preauthorization; maximum subject to annual adjustment)	100% network 70% non-network \$11,841 maximum in 24 consecutive months for combined network and non-network services (requires preauthorization; maximum subject to annual adjustment)	100% after \$200 copay/admission for inpatient care 100% after \$20 copay/visit for outpatient care \$11,841 maximum/24 consecutive months (maximum subject to annual adjustment)
Chiropractic care and manipulative therapy (like all services, must be medically necessary)	80% network 60% non-network Up to 33 visits/year for combined network and non-network services Limited to diagnosis and treatment of musculoskeletal disorders	90% network 70% non-network Up to 33 visits/year for combined network and non-network services Limited to diagnosis and treatment of musculoskeletal disorders	100% after \$20 copay/visit
Diabetes care training	80% network when prescribed by your physician 60% non-network when prescribed by your physician	90% network when prescribed by your physician 70% non-network when prescribed by your physician	100% after \$20 copay/visit
Diabetes supplies (insulin, needles, syringes, lancets, etc.)	Covered under prescription drugs	Covered under prescription drugs	Covered under prescription drugs

Feature/Covered Expense	KingCare Basic	KingCare Preferred	Group Health
Durable medical equipment, prosthetics and orthopedic appliances	80% when preauthorized	80% when preauthorized	80% if authorized in advance by a network provider as medically necessary
Emergency room care	80% after \$50 copay/visit (waived if admitted) for network or non-network emergency care 80% network, 60% non-network after \$50 copay/visit for non-emergency care	90% after \$50 copay/visit (waived if admitted) for network or non-network emergency care 90% network, 70% non-network after \$50 copay/visit for non-emergency care	100% after \$75 copay/visit to network facility (\$75 copay is waived but \$200 copay/admission for hospital care applies if admitted) 100% after \$125 copay/visit to non-network facility (\$125 copay applies in addition to \$200 copay/admission for hospital care if admitted) Non-emergency care not covered
Hearing aids	100% up to \$500 in 36 months for combined network and non-network services Deductible does not apply	100% up to \$500 in 36 months for combined network and non-network services Deductible does not apply	100% up to \$300/ear in 36 months
Home health care	100% when preauthorized up to 130 visits/year for combined network and non-network services	100% when preauthorized up to 130 visits/year for combined network and non-network services	100%
Hospice care	100% when preauthorized 6-month lifetime maximum 120-hour maximum for respite care in any 3-month period	100% when preauthorized 6-month lifetime maximum 120-hour maximum for respite care in any 3-month period	100% when preauthorized
Hospital care	80% network when preauthorized 60% non-network when preauthorized	90% network when preauthorized 70% non-network when preauthorized	100% after \$200 copay/admission
Lab, x-ray and other diagnostic testing	80% network 60% non-network	90% network 70% non-network	100%
Maternity care	80% network 60% non-network	90% network 70% non-network	100% for delivery and related hospital care after \$200 copay/admission 100% after \$20 copay/visit for prenatal and postpartum care
Mental health care	80% network, 60% non-network for inpatient up to 30 days/year (combined network and non-network services) 50% up to 52 visits/year for outpatient (combined network and non-network services)	90% network, 70% non-network for inpatient up to 30 days/year (combined network and non-network services) 50% up to 52 visits/year for outpatient (combined network and non-network services)	80% up to 12 days/year for inpatient 100% after \$20 copay/individual, family or couple visit or \$10 copay/group session for outpatient Up to 20 outpatient visits/year

Feature/Covered Expense	KingCare Basic	KingCare Preferred	Group Health
Out-of-area coverage while traveling, for your children away at school, etc.	Same coverage as when home, through Aetna and AdvancePCS national provider networks	Same coverage as when home, through Aetna and AdvancePCS national provider networks	Reciprocal benefits available through Kaiser Permanente and affiliated HMOs; only emergency services covered in all other areas
Physician and other medical/surgical services	80% network 60% non-network	90% network 70% non-network	100% after \$20 copay/visit
Prescription drugs – up to 30-day supply through network pharmacies	100% after \$10 copay for generic 100% after \$15 copay for preferred brand (\$20 if generic available, but if unable to take it for medical reasons, the \$15 copay applies) 100% after \$25 copay for non-preferred brand (\$30 if generic available, but if unable to take it for medical reasons, the \$25 copay applies) Prescriptions filled at non-network pharmacies reimbursed at the rate AdvancePCS pays to network pharmacies, less your copay	100% after \$10 copay for generic 100% after \$15 copay for preferred brand (\$20 if generic available, but if unable to take it for medical reasons, the \$15 copay applies) 100% after \$25 copay for non-preferred brand (\$30 if generic available, but if unable to take it for medical reasons, the \$25 copay applies) Prescriptions filled at non-network pharmacies reimbursed at the rate AdvancePCS pays to network pharmacies, less your copay	100% after \$10 copay for generic 100% after \$20 copay for preferred brand 100% after \$30 copay for non-preferred brand No reimbursement for prescriptions filled at non-network pharmacies
Prescription drugs – up to 90-day supply through mail order network only	100% after \$20 copay for generic 100% after \$30 copay for preferred brand (\$40 if generic available, but if unable to take it for medical reasons, the \$30 copay applies) 100% after \$50 copay for non-preferred brand (\$60 if generic available, but if unable to take them for medical reasons, the \$50 copay applies)	100% after \$20 copay for generic 100% after \$30 copay for preferred brand (\$40 if generic available, but if unable to take it for medical reasons, the \$30 copay applies) 100% after \$50 copay for non-preferred brand (\$60 if generic available, but if unable to take them for medical reasons, the \$50 copay applies)	100% after \$20 copay for generic 100% after \$40 copay for preferred brand 100% after \$60 copay for non-preferred brand
Preventive care (well-child check-ups, immunizations, routine health and hearing exams, etc.; immunizations for travel are not covered)	100% network 60% non-network Deductible does not apply	100% network 70% non-network Deductible does not apply	100% (according to well-child/adult preventive care schedule)
Radiation therapy, chemotherapy and respiratory therapy	80% network 60% non-network	90% network 70% non-network	100% after \$20 copay/visit
Rehabilitative services Inpatient and outpatient	80% network 60% non-network	90% network 70% non-network	100% for inpatient services after \$200 copay/admission up to 60 days/condition/calendar year 100% after \$20 copay/visit for outpatient services Up to 60 visits/year/condition

Feature/Covered Expense	KingCare Basic	KingCare Preferred	Group Health
Skilled nursing facility	80% network when preauthorized 60% non-network when preauthorized	90% network when preauthorized 70% non-network when preauthorized	100% up to 60 days/calendar year at a Group Health-approved nursing facility
Smoking cessation	80% network services 60% non-network services \$500 lifetime maximum for smoking cessation services and prescriptions combined (prescriptions covered under "Prescription drugs" benefit)	90% network services 70% non-network services \$500 lifetime maximum for smoking cessation services and prescriptions combined (prescriptions covered under "Prescription drugs" benefit)	100% for 1 Group Health network provider program/year 100% or the amount of a prescription drug copay (whichever is less) for nicotine replacement therapy up to 30-day supply
Transplants (certain services only)	100% network when preauthorized 60% non-network when preauthorized Medical coverage must have been continuous for more than 12 months under a KingCare plan – whether preexisting or an emergency	100% network when preauthorized 70% non-network when preauthorized Medical coverage must have been continuous for more than 12 months under a KingCare plan – whether preexisting or an emergency	100% after applicable copays Medical coverage must have been continuous for more than 12 months under this plan – whether preexisting or an emergency
Urgent care (ear infections, high fevers, minor burns, etc.)	80% network 60% non-network	90% network 70% non-network	100% after \$20 copay/visit

Do you want to drop or reduce enhanced life insurance?

► For yourself?

Section B of your open enrollment form shows the enhanced life insurance you currently elect for yourself and your change options. During open enrollment you may drop or reduce coverage, but you may not add or increase it. Consequently, only change options representing coverage that is less than what you have now are shown on your open enrollment form (if you've declined enhanced life previously, you have no change options).

Please keep in mind:

- You automatically receive county-paid basic life equal to your base annual salary.
- You pay for enhanced life for yourself; if you die your beneficiaries receive the amount you elect in addition to your county-paid basic benefit
- You may drop or reduce enhanced life any time (not just during open enrollment), but if you use your open enrollment form to do so, the change does not become effective until January 1, 2004.
- If you drop or reduce enhanced life, you may add or increase it again only when certain qualifying events occur (for example, you marry/establish a new domestic partnership or a new dependent child becomes eligible).
- You must have enhanced life for yourself to elect it for your family.

► For your family?

Section C of your open enrollment form shows the enhanced life insurance you currently elect for your family and your change options. During open enrollment you may drop family members from coverage, but you may not add them. Consequently, only change options representing coverage that is less than what you have now are shown on your open enrollment form (if you've declined enhanced life for your family previously, you have no change options).

Please keep in mind:

- You must already elect and keep enhanced life for yourself to elect it for your family.
- If you and your spouse/domestic partner both work for King County, you may not cover each other, and only one of you may cover your eligible children under this plan.

► Monthly cost of enhanced life insurance

The monthly cost of enhanced life insurance will be the same in 2004 as it is in 2003. Cost for you and your spouse/domestic partner is based on your age; cost for all children is \$.84, regardless of the number of children covered.

You must first calculate your base annual salary to calculate your monthly cost for enhanced life. To do so, multiply your hourly rate by the number of hours you work each week, then multiply the answer by 52. For example, if you earn \$20.10 per hour and work 40 hours per week, your base annual salary is $\$20.10 \times 40 \times 52 = \$41,808$.

When you've calculated your base annual salary, use it and the age-specific rates and worksheet below to calculate your total monthly cost.

Your Age	Cost of Enhanced Life/\$1,000
Under 25	\$.047
25-29	\$.056
30-34	\$.075
35-39	\$.075
40-44	\$.094
45-49	\$.150
50-54	\$.225
55-59	\$.403
60-64	\$.618
65-69	\$ 1.063
70+	\$ 1.724

To calculate your total monthly cost for enhanced life ...

- Enter your base annual salary (BAS) here 1. \$ _____
- Enter your BAS "multiplier" (1, 2, 3 or 4) here 2. _____
- Multiply line 1 by line 2 and enter the answer here 3. \$ _____
- Round line 3 to the next higher \$1,000 and enter the amount here 4. \$ _____
- Drop the last 3 zeros from the amount on line 4 (divide by 1,000) and enter the new amount here 5. \$ _____
- Enter the cost of enhanced life/\$1,000 rate for your age here 6. \$ _____
- Multiply line 5 by line 6 and enter the cost of enhanced life for you here 7. \$ _____
- If you elect enhanced life for your spouse/DP enter .5 here; if not, enter 0 8. \$ _____
- Multiply line 7 by line 8 and enter the cost of enhanced life for your spouse/DP here 9. \$ _____
- If you elect enhanced life for children enter \$.84 here; if not, enter 0 10. \$ _____
- Add lines 7, 9 and 10 for your total monthly cost here ► \$ _____

Do you want to add, increase, drop or reduce enhanced accidental death and dismemberment insurance?

► For yourself?

Section D of your open enrollment form shows the enhanced AD&D insurance you currently elect for yourself and your change options. During open enrollment, you may add, increase, drop or reduce coverage.

Please keep in mind:

- You automatically receive county-paid basic AD&D equal to your base annual salary.
- You pay for enhanced AD&D for yourself; if you die in a covered accident, your beneficiaries receive the amount you elect in addition to your county-paid benefit, and if you're dismembered or paralyzed as a result of a covered accident, you receive a portion of the enhanced amount (depending on the type of loss) in addition to your county-paid benefit.
- No evidence of insurability is required for enhanced AD&D.

- You may drop or reduce enhanced AD&D any time (not just during open enrollment), but if you use your open enrollment form to do so, the change does not become effective until January 1, 2004.
- If you drop or reduce enhanced AD&D, you may add or increase it again during the next open enrollment, and you may add new family members for coverage between open enrollments when they become eligible if you already have enhanced AD&D for yourself.
- You must elect enhanced AD&D for yourself to elect it for family members.

► For your family?

Section E of your open enrollment form shows the enhanced AD&D insurance you currently elect for your family and your change options. During open enrollment, you may drop family members from coverage or add your spouse/domestic partner at 50% or 100% of your enhanced amount and children at 10% of your enhanced amount.

Please keep in mind:

- You must elect enhanced AD&D for yourself to elect it for family members.
- If a family member dies, is dismembered or is paralyzed as a result of a covered accident, you are the beneficiary.
- If you and your spouse/domestic partner both work for King County, you may not cover each other, and only one of you may cover your eligible children under this plan.

► Monthly cost of enhanced AD&D insurance

The monthly cost of enhanced AD&D will be the same in 2004 as it is in 2003. Add across each row for those you cover to determine your total monthly cost.

If you elect this enhanced amount ...	Cost for You	Cost to Cover Your Spouse/DP at 50% of Your Amount	Cost to Cover Your Spouse/DP at 100% of Your Amount	Cost to Cover All Your Children at 10% of Your Amount
\$ 50,000	\$ 1.00	\$.50	\$ 1.00	\$.30
\$ 100,000	\$ 2.00	\$ 1.00	\$ 2.00	\$.60
\$ 150,000	\$ 3.00	\$ 1.50	\$ 3.00	\$.90
\$ 200,000	\$ 4.00	\$ 2.00	\$ 4.00	\$ 1.20
\$ 250,000	\$ 5.00	\$ 2.50	\$ 5.00	\$ 1.50
\$ 300,000	\$ 6.00	\$ 3.00	\$ 6.00	\$ 1.80
\$ 350,000	\$ 7.00	\$ 3.50	\$ 7.00	\$ 2.10
\$ 400,000	\$ 8.00	\$ 4.00	\$ 8.00	\$ 2.40
\$ 450,000	\$ 9.00	\$ 4.50	\$ 9.00	\$ 2.70
\$ 500,000	\$ 10.00	\$ 5.00	\$ 10.00	\$ 3.00

Do you want to drop enhanced long term disability insurance?

► For yourself?

Section F of your open enrollment form shows the enhanced LTD insurance you elect for yourself and your change options. During open enrollment you may drop enhanced coverage, but you may not add it (if you've declined enhanced long term disability previously, you have no change options).

Please keep in mind:

- You automatically receive county-paid basic LTD; if you become disabled, are unable to work and apply for LTD, this benefit combines with other sources of disability income to replace 60% of your monthly predisability earnings to a maximum benefit of \$6,000 a month after a 180-day waiting period.
- You pay for enhanced LTD; it increases the maximum benefit to \$7,200 a month and reduces the waiting period to 90 days.
- You may drop enhanced LTD any time (not just during open enrollment), but if you use your open enrollment form to do so, the change does not become effective until January 1, 2004.
- If you drop enhanced LTD, you may not add it again.

► **Monthly cost of enhanced long term disability insurance**

The cost of enhanced LTD is variable, depending on your base annual salary. If you already elect and keep the benefit, you will pay \$.21 per \$100 of salary in 2004 (the same rate as in 2003).

To figure the cost of enhanced LTD, first figure your base annual salary. To do so, multiply your hourly rate by the number of hours you work each week, then multiply the answer by 52. Next, divide your base annual salary by 100 and multiply the answer by \$.21. This is your annual cost for enhanced LTD. To figure your monthly cost, divide the annual cost by 12.

For example, if you earn \$20.10 per hour and work 40 hours per week, your base annual salary is $\$20.10 \times 40 \times 52 = \$41,808$. The annual cost of enhanced coverage is $(\$41,808 \div 100) \times \$.21 = \$418.08 \times \$.21 = \$87.80$. To figure your monthly cost, divide the annual cost by 12: $\$87.80 \div 12 = \7.32 .

Do you want to add or drop family members from coverage?

Section G of your open enrollment form shows the family members you cover now. During open enrollment you may add or drop family members from coverage, or correct any family information on the open enrollment form that is wrong (cross out the wrong information and write in the correct information).

The following family members are eligible for coverage if you add them:

- Your spouse/domestic partner (attach a copy of your marriage certificate or complete and return the Affidavit of Marriage/Domestic Partnership included in this guide)
- Unmarried children of you or your spouse/domestic partner if they are under age 23 and chiefly dependent on you for support and maintenance (generally, that means you may claim them on your federal tax return); they may be your:
 - Natural children
 - Adopted children (or children legally placed with you for adoption or for whom you assume total or partial legal obligation for support in anticipation of adoption)
 - Stepchildren
 - Legally designated wards (legally placed foster children, children placed with you as legal guardian or children named in a Qualified Medical Child Support Order; attach appropriate documentation).

Parents and other relatives who are not members of your immediate family are not eligible for coverage.

To add new family members, fill in the blank lines. The new family members will be added for coverage effective January 1, 2004. To protect privacy, Social Security numbers of currently covered family members are not shown on open enrollment forms, but if you add new family members for coverage, you *must* provide their complete Social Security numbers.

To drop currently covered family members, cross their names off and complete the “COBRA notification” sections below the list of covered family members. They will be dropped from coverage according to the date you provide for the qualifying event.

There is no cost to cover family members, but when you cover a domestic partner (DP) and his/her children for health benefits (medical, dental, vision) the IRS taxes you on the value of the coverage. This value is added to the salary shown on your paycheck (and W-2 at the end of the year), federal income and Social Security (FICA) taxes are withheld on the higher salary amount, and then the value is subtracted from your salary.

Monthly taxable values for the different combinations of health plans are shown in the following table.

Monthly Taxable Value of Health Plans	DP Only		DP's Children		DP + DP's Children	
	2003	2004	2003	2004	2003	2004
KingCare Basic + Dental + Vision	\$ 342.33	\$ 404.53	\$ 273.85	\$ 323.63	\$ 616.18	\$ 728.16
KingCare Preferred + Dental + Vision	\$ 396.22	\$ 468.16	\$ 316.96	\$ 374.54	\$ 713.18	\$ 842.70
Group Health + Dental + Vision	\$ 363.19	\$ 411.81	\$ 325.76	\$ 370.25	\$ 688.95	\$ 782.06
Dental + Vision Only (Opted Out of Medical)	\$ 67.02	\$ 68.66	\$ 53.61	\$ 54.93	\$ 120.63	\$ 123.59

You may add a domestic partner and a domestic partner's children for enhanced life/AD&D insurance, without adding them for health benefits. To do so, list them on the blank lines in Section G and write "life/AD&D only" next to their names.

Who are your insurance beneficiaries?

Sections I, J and K on the back of your open enrollment form are blank. During this open enrollment, all beneficiary records are being updated, so you *must* complete these sections and return your open enrollment form *by Friday, October 31*.

Beneficiary records are being updated this year for three reasons:

- It's common practice for employers to periodically update all beneficiary records. The last time King County did a comprehensive update was in 1996. Since there are few benefit changes this year, it's a good time to take care of this recordkeeping task.
- Until recently, county beneficiary forms did not provide a means for designating beneficiaries for the death benefit paid if you are on long term disability and die; they only allowed you to designate life and AD&D beneficiaries. The blank sections on your open enrollment form allow you to designate beneficiaries for all three benefits. (Even if you don't elect enhanced coverage, you receive county-paid basic life, basic AD&D and basic LTD insurance and need to designate beneficiaries!)
- All beneficiary records are currently stored in paper files. Though we're asking you to return a paper form this year, the beneficiary information you provide will be data entered into the Employee Benefits Management System after open enrollment and stored electronically. That means that after the first of the year when data entry is complete, Benefits and Retirement Operations will be able to more easily access, update and provide you with your beneficiary information.

If you do not take this opportunity to provide updated beneficiary information, the plans and the State of Washington regulations will determine your beneficiaries for you:

- For life and AD&D insurance, benefits are paid to your spouse, your children, your parents or your siblings, in that order. If none of them survives you, benefits are paid to your estate.
- For long term disability (if you die while on it), the survivor benefit will be paid to your spouse or eligible children, in that order. If none of them survives you, benefits are paid to your estate.

Complete your beneficiary information (your spouse must complete Section L if you're married and designate anyone other than or in addition to him/her as a primary beneficiary) and return your open enrollment form. Please do not call Benefits and Retirement Operations for your current beneficiary information; with 13,000 employees, staff members are unable to check everyone's beneficiary information in the current paper file system.

Do you want to enroll/re-enroll in a Flexible Spending Account?

Flexible Spending Accounts (FSAs) allow you to set aside pretax dollars from your paycheck to pay for expenses not covered through your other benefits. When you put money into an FSA you do not pay federal or Social Security (FICA) taxes on it. As a result, your taxable income is reduced and your taxes are lower.

- Health Care FSAs allow you to set aside pretax dollars to pay for certain expenses not covered by your medical, dental and vision plans (for example, copays for office visits and the cost of orthodontia not fully paid by your dental plan).
- Dependent Care FSAs allow you to set aside pretax dollars to pay for eligible dependent care expenses for your child, disabled spouse or dependent parent while you and your spouse work.

Please refer to the separate Flexible Spending Accounts Guide provided with your open enrollment materials for additional details and an FSA Enrollment/Re-enrollment Form. If you want to enroll in an FSA beginning January 1, 2004, or are currently enrolled and want to continue participating in 2004 (you must re-enroll each year to continue participating), complete the FSA Enrollment/Re-enrollment Form included in the separate guide and return it with your open enrollment form *by Friday, October 31*. Otherwise, you must wait for a qualifying event or the next open enrollment to enroll/re-enroll.

Do you want to transfer from PERS Plan 2 to PERS Plan 3?

If you were enrolled in the Public Employees Retirement System Plan 2 before September 1, 2002, and remain in PERS Plan 2, you are considered a “grandfathered PERS 2 member” and are given the opportunity to transfer from PERS Plan 2 to PERS Plan 3 every year at open enrollment. (Transfers during open enrollment do *not* include the 111% transfer payment offered during the original September 2002-May 2003 transfer window.)

Information about PERS Plan 3 is available from the Washington State Department of Retirement Systems:

- On the Internet – www.drs.wa.gov/member/pers/2or3/index.htm
- By phone – 1-888-711-8773 (TTY 1-800-669-7471)
- By e-mail – pershelp@icmarc.org.

If you decide to transfer from PERS Plan 2 to PERS Plan 3, the transfer becomes effective in February 2004, provided you’re an active employee and earn service credit in January. Once you decide to transfer, the decision is irrevocable after February 1, 2004; you cannot return to PERS Plan 2.

To transfer, complete the State of Washington Department of Retirement Systems Member Information Form included in this guide and return it with your open enrollment form to Benefits and Retirement Operations *by Friday, October 31*. If you do not want to transfer (you wish to remain in PERS Plan 2), do nothing; you will be given the opportunity to transfer again during next year’s open enrollment.

Resource Directory

If no TTY phone number is listed, please call 711 to access the TTY Relay Service.

For Questions About ...	Contact ...
AD&D Insurance Conversion when you leave employment Secure travel benefits For claims, contact Benefits and Retirement Operations	CIGNA Phone 1-800-441-1832 (conversion) ■ 1-800-336-2485 (TTY) Worldwide Assistance Services Inc. (secure travel benefits) Phone 1-888-226-4567/1832 (US/Canada) ■ Call collect 202-331-7635 (all other locations) Fax 202-331-1528 E-mail cigna@worldwideassistance.com

For Questions About ...	Contact ...
Benefits – General Eligibility Open enrollment and making changes Flexible Spending Account enrollment Plan booklets Alternate formats	Benefits and Retirement Operations Exchange Building EXC-ES-0300, 821 Second Ave., Seattle WA 98104-1598 Phone 206-684-1556 ■ 1-800-325-6165 x41556 (outside local calling area) Fax 206-684-1925 E-mail kc.benefits@metrokc.gov Web www.metrokc.gov/finance/benefits
Dental Providers Claims and appeals Other plan details	Washington Dental Service (WDS) PO Box 75688, Seattle WA 98125-0688 Phone 206-522-2300 ■ 1-800-554-1907 E-mail cservice@deltadentalwa.com Web www.DeltaDentalWA.com
Flexible Spending Accounts (FSAs) Account balances Reimbursement Other plan details	Associated Administrators Inc. (AAI) PO Box 3199, Portland OR 97208-3199 Phone 1-800-334-4340 ■ 1-800-428-4833 (TTY) Fax 1-800-979-8987 E-mail flex@aai-tpa.com Web www.aai-pca.com
Life Insurance Conversion or portability option when you leave employment Evidence of Insurability (EOI) For claims, contact Benefits and Retirement Operations	Aetna Phone 1-800-826-7448 (conversion/portability) ■ 1-800-523-5065 (EOI)
LTD Insurance Conversion option when you leave employment Claims and appeals	CIGNA Phone 1-800-441-1832 (conversion) ■ 1-800-362-4462 (claims) 1-800-336-2485 (TTY) Web www.cigna.com/consumer/forms/disability/disability_claim.html
Medical – General Providers (doctors, hospitals, etc.) Claims and appeals Identification cards Preauthorization Other plan details (covered expenses, limitations, exclusions)	KingCare – Aetna PO Box 14089, Lexington KY 40512-4089 Phone 1-800-654-3250 ■ 1-800-654-7714 (preauthorization) E-mail kingcare@aetna.com Web www.kingcare.com Medical Claims – Aetna Inc., Attn: National Accounts CRT PO Box 14463, Lexington KY 40512 Fax 1-817-417-2026 Group Health Cooperative PO Box 34585, Seattle WA 98124-1585 Phone 206-901-4636 ■ 1-888-901-4636 ■ 1-888-287-2680 (out-of-area authorization) E-mail info@ghc.org Web www.ghc.org
Medical – Prescriptions Drug formulary (covered drugs, including generic, preferred brand and non-preferred brand) Pharmacies Mail order service Filing claims and appeals Identification cards (KingCare members only; Group Health members use medical plan card for prescriptions)	KingCare – AdvancePCS PO Box 853901, Richardson TX 75085-3901 Phone 1-800-552-8159 Web http://kingcounty.advancercx.com (e-mail by selecting Contact Us) Rx Claims Appeals – AdvancePCS, Attn: Prescription Claim Appeals MC 109 PO Box 52084, Phoenix AZ 85072-2084 Group Health Cooperative PO Box 34585, Seattle WA 98124-1585 Phone 1-800-245-7979 (mail order prescriptions) E-mail info@ghc.org Web www.ghc.org

For Questions About ...	Contact ...
PERS Plan 2 to PERS Plan 3 Transfer General information Forms	State of Washington Department of Retirement Systems PO Box 48380, Olympia WA 98504-8380 Phone 1-888-711-8773 ■ 1-800-669-7471 (TTY) E-mail pershelp@icmarc.org Web www.drs.wa.gov/member/pers/2or3/index.htm
Vision Providers Claims and appeals Other plan details	Vision Service Plan PO Box 997100, Sacramento CA 95899-7100 Phone 1-800-877-7195 ■ 1-888-354-4434 (discounted laser surgery) 1-800-428-4838 (TTY) Web www.vsp.com (e-mail through the site)

Affidavit of Marriage/ Domestic Partnership



If you add a new spouse/domestic partner for coverage, submit this affidavit with your open enrollment form to Benefits and Retirement Operations, Exchange Building EXC-ES-0300, 821 Second Ave., Seattle 98104 **by Friday, October 31.**

Check all boxes that apply

- ☐ Add my spouse/domestic partner (DP) for benefit coverage.
- ☐ This form documents my marriage/domestic partnership, but do not add my spouse/domestic partner for coverage at this time.
- ☐ My spouse/DP is also a King County employee.

Check one of the following boxes and provide the date

- ☐ I (employee) certify my spouse (named below) and I legally married (date) _____.
- ☐ I (employee) certify my domestic partner (named below) and I began our domestic partnership (date) _____ and we:
 - Share the same regular and permanent residence
 - Have a close personal relationship
 - Are jointly responsible for *basic living expenses**
 - Are not married to anyone
 - Are both 18 years of age or older
 - Are not related by blood closer than would bar marriage in the State of Washington
 - Were mentally competent to consent to contract when our domestic partnership began, and
 - Are each other's sole domestic partners and are responsible for each other's common welfare.

** Basic living expenses means the cost of basic food, shelter and any other expenses of a domestic partner paid at least in part by a program or benefit for which the partner qualified because of the domestic partnership. Individuals need not contribute equally or jointly to the cost of these expenses as long as they both agree they are responsible for the cost.*

Authorization

I understand this affidavit will no longer be effective if my spouse/domestic partner dies or if there is a change of circumstances attested to in this affidavit. I agree to notify Benefits and Retirement Operations or the appropriate payroll/personnel representative if there is any change of circumstances attested to in this affidavit within 30 days of such change by filing a Delete Family Member form. I understand the willful falsification of information on this affidavit may lead to disciplinary action up to and including discharge from employment.

We understand this information will be held confidential and subject to disclosure only upon express written authorization or if otherwise required by law. We understand this declaration of responsibility for our common welfare may have legal implications under Washington State law. We understand a civil action may be brought against us for any losses, including reasonable attorney fees, because of a false statement contained in this Affidavit of Marriage/Domestic Partnership. We certify under penalty of perjury, under the laws of the State of Washington, the foregoing is true and correct.

Employee

Employee signature _____ Date signed _____
Printed name _____ Contact phone (_____) _____
Paid ☐ 5th and 20th ea month ☐ Every other Thursday PeopleSoft pay ID or Soc Sec No _____

Spouse/Domestic Partner

Spouse/DP signature _____ Date signed _____
Printed name _____

**[Add State of Washington Department of Retirement System's
2-sided Member Information Form as last page of this guide.]**